

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Ousley, Monique C				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9373				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 918 Fieldside Dr Matteson, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE 60443-2916				ZIPCODE			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Ousley, Monique C	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Troy L Gleason 2/27/09 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Ousley, Monique C	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Monique C Ousley</u> Signature of Debtor Monique C Ousley X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) February 27, 2009 Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X <u>/s/ Troy L Gleason</u> Signature of Attorney for Debtor(s) Troy L Gleason 6276510 Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com February 27, 2009 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Ousley, Monique C
Printed Name(s) of Debtor(s)

X /s/ Monique C Ousley
Signature of Debtor

2/27/2009
Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any)

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
4414 Balmoral Richton Park II			130,000.00	135,654.00
4444 Balmoral Richton Park IL			125,000.00	122,336.00
Residence at: 918 Fieldside Dr Matteson, IL 60443-2916			187,000.00	186,603.00
Timeshare in LasVegas			2,000.00	16,710.00
TOTAL			444,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account		100.00
		Savings Account		10.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles		250.00
6. Wearing apparel.		Used Clothing		250.00
7. Furs and jewelry.		Misc Costume Jewelry		200.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Ousley, Monique C

Case No.

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		01 Ford Explorer		2,750.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				4,610.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
Residence at: 918 Fieldside Dr Matteson, IL 60443-2916	735 ILCS 5 §12-901	15,000.00	187,000.00
SCHEDULE B - PERSONAL PROPERTY			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking account	735 ILCS 5 §12-1001(b)	100.00	100.00
Savings Account	735 ILCS 5 §12-1001(b)	10.00	10.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles	735 ILCS 5 §12-1001(a)	250.00	250.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	200.00	200.00
01 Ford Explorer	735 ILCS 5 §12-1001(c)	2,400.00	2,750.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5631 Home Coming Funding Ne 2711 N Haskell Ave # 1 Dallas, TX 75204-2911		Mortgage account opened 12/06				109,179.00	
		VALUE \$ 130,000.00					
ACCOUNT NO. Fisher And Shapiro 4201 Lake Cook Rd 1ST Fl Northbrook, IL 60062-1060		Assignee or other notification for: Home Coming Funding Ne					
		VALUE \$					
ACCOUNT NO. 1014 Home Coming Funding Ne 2711 N Haskell Ave # 1 Dallas, TX 75204-2911		Mortgage account opened 1/07				98,317.00	
		VALUE \$ 125,000.00					
ACCOUNT NO. Fisher And Shapiro 4201 Lake Cook Rd 1ST Fl Northbrook, IL 60062-1060		Assignee or other notification for: Home Coming Funding Ne					
		VALUE \$					
Subtotal (Total of this page)						\$ 207,496.00	\$
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4194 Sears/cbsd PO Box 6189 Sioux Falls, SD 57117-6189		Revolving account opened 11/98				6,050.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
Subtotal (Total of this page)						\$ 6,050.00
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$ 6,050.00

0 continuation sheets attached

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): 9 7mth
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer Unemployed How long employed Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ _____	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ 0.00	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 0.00	\$ _____
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance		
(Specify) Unemployment	\$ 2,214.00	\$ _____
Unemployment Sub Plan	\$ 1,126.00	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income		
(Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 3,340.00	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 3,340.00	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 3,340.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,626.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 300.00
b. Water and sewer	\$ 30.00
c. Telephone	\$ 50.00
d. Other Internet And Cable	\$ 80.00
3. Home maintenance (repairs and upkeep)	\$ 20.00
4. Food	\$ 560.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 20.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 130.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Personal Care & Grooming	\$ 125.00
Auto Repairs	\$ 40.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,331.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 3,340.00
b. Average monthly expenses from Line 18 above	\$ 3,331.00
c. Monthly net income (a. minus b.)	\$ 9.00

IN RE Ousley, Monique C

Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 15 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **February 27, 2009** Signature: **/s/ Monique C Ousley**
Monique C Ousley

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Ousley, Monique C

Case No. _____

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
62,850.00	2007 Income from employment
0.00	2008 Income from employment
0.00	2009 Income from employment (monthly)
3,340.00	2008 Unemployment and Sub Plan unemployment income - monthly
0.00	Please list all rental income for years
	2007
	2008
	2009
0.00	09 rental - none
12,000.00	08 rental income

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Wells Fargo Hm Mortgage 8480 Stagecoach Cir Frederick, MD 21701	Last 3 months	4,878.00	186,000.00

- None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Church	none	monthly	approx \$200/month

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602		676.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **February 27, 2009** Signature **/s/ Monique C Ousley**
of Debtor **Monique C Ousley**

Date: _____ Signature _____
of Joint Debtor
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Ousley, Monique C

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 444,000.00		
B - Personal Property	Yes	3	\$ 4,610.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 461,303.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1		\$ 6,050.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,340.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,331.00
TOTAL		13	\$ 448,610.00	\$ 467,353.00	

IN RE:

Case No. _____

Ousley, Monique C

Chapter **7**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,340.00
Average Expenses (from Schedule J, Line 18)	\$ 3,331.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 4,170.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 20,364.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 6,050.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 26,414.00

IN RE:

Ousley, Monique C

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Monique C Ousley

Date: February 27, 2009

IN RE:

Ousley, Monique C

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Home Coming Funding Ne	Describe Property Securing Debt: 4444 Balmoral Richton Park IL
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Home Coming Funding Ne	Describe Property Securing Debt: 4444 Balmoral Richton Park IL
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

2 continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **February 27, 2009**

/s/ Monique C Ousley

Signature of Debtor

Signature of Joint Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION
(Continuation Sheet)

PART A – Continuation

Property No. 3		
Creditor's Name: Home Coming Funding Ne		Describe Property Securing Debt: 4414 Balmoral Richton Park Il
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt		
Property No. 4		
Creditor's Name: Marriott Ownership		Describe Property Securing Debt: Timeshare in LasVegas
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt		
Property No. 5		
Creditor's Name: Washington Mutual Fa		Describe Property Securing Debt: 4414 Balmoral Richton Park Il
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt		

PART B – Continuation

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION
(Continuation Sheet)

PART A – Continuation

Property No. 6		
Creditor's Name: Wells Fargo Hm Mortgage		Describe Property Securing Debt: Residence at:
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		
Property No.		
Creditor's Name:		Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		
Property No.		
Creditor's Name:		Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

PART B – Continuation

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

IN RE:

Case No. _____

Ousley, Monique C

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 6

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: February 27, 2009

/s/ Monique C Ousley

Debtor

Joint Debtor

Ousley, Monique C
918 Fieldside Dr
Matteson, IL 60443-2916

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Fisher And Shapiro
4201 Lake Cook Rd 1ST Fl
Northbrook, IL 60062-1060

Home Coming Funding Ne
2711 N Haskell Ave # 1
Dallas, TX 75204-2911

Marriott Ownership
1200 US Highway 98 S
Lakeland, FL 33801-5939

Sears/cbsd
PO Box 6189
Sioux Falls, SD 57117-6189

Washington Mutual Fa
PO Box 1093
Northridge, CA 91328-1093

Wells Fargo Hm Mortgag
8480 Stagecoach Cir
Frederick, MD 21701

APPROVED BY IND. REL.	LOCATION/DEPT NO. 2663 1600	ID NUM(1) 862870	NAME(2) OUSLEY, MONIQUE C		
App for Sub For Week Ending	3	Number of Exemptions Different Than Claimed on Form W-4 or Form 4684	4	Base Hourly Rate	
Amt. of State Benefit	5	Other Compensation	6	Total	
U.C. Check Number	7	Date of U.C. Check	8	U.C. Week Ending Date or Number	9

I certify that during the week covered by this application I was unemployed because I was laid off and earned no wages or remuneration except as shown. I have not received and am not eligible for a holiday or vacation payment, military pay or disability benefit with respect to such week, except as shown. I am not eligible for, and am not claiming any accident or sickness benefit or a pension or retirement benefit. I did not receive, and am not eligible for any unemployment benefit from another employer. I am able to work and available for work. I have registered for work with the state system employment office if required by the state system. I hereby certify that I am entitled, under the Internal Revenue Code, to the number of exemptions claimed on my employee's withholding exemption certificate (Form W-4 or 4684) or such larger or smaller number as is shown and claimed on my current SUB exemption statement. I understand that my credit units or future benefit entitlement will be forfeited if I willfully misrepresent a material fact to obtain benefits under the plan.

RETURN COMPLETED APPLICATION TO: 2062

CHICAGO HVC
12525 S CARONDOLET AVE
CHICAGO, IL 60633

WRITE ADDRESS CHANGE HERE:

I hereby authorize FORD-UAW to draw, as my agent, a draft on the SUB Trust Fund payable to my order in the amount to which I am entitled under the plan.

Applicant's Signature

Cut Along Dotted Line Above

Ford Motor Company SUB PLAN
STATEMENT of BENEFITS and DEDUCTIONS

DRAFT NUMBER
03104854

LOCATION/DEPT NO.	SOC. SEC. NUMBER	NAME	BENEFIT WEEK ENDING	DATE PAID
2663 1600	XXX-XX-9373	OUSLEY, MONIQUE C	11/15/2008	12/01/2008
BENEFITS		DEDUCTIONS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
GROSS BENEFIT	267.14	FEDERAL	1.43	
TOTAL GROSS	267.14	ILLINOIS	5.71	
		DIRECT DEPOSIT	260.00	
		TOTAL DEDUCTIONS	267.14	
		NET BENEFIT	0.00	
FOR DEPOSIT ON 12-02-2008				

REMOVE DOCUMENT ALONG THIS PERFORATION

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APPROVED BY IND. REL.	LOCATION/DEPT NO. 2663 1600	ID NUM(1) 862870	NAME(2) OUSLEY, MONIQUE C		
App for Sub For Week Ending	3	Number of Exemptions Different Than Claimed on Form W-4 or Form 4684	4	Base Hourly Rate	
Amt. of State Benefit	5	Other Compensation	6	Total	
U.C. Check Number	7	Date of U.C. Check	8	U.C. Week Ending Date or Number	9

I certify that during the week covered by this application I was unemployed because I was laid off and earned no wages or remuneration except as shown. I have not received and am not eligible for a holiday or vacation payment, military pay or disability benefit with respect to such week, except as shown. I am not eligible for, and am not claiming any accident or sickness benefit or a pension or retirement benefit. I did not receive, and am not eligible for any unemployment benefit from another employer. I am able to work and available for work. I have registered for work with the state system employment office if required by the state system. I hereby certify that I am entitled, under the Internal Revenue Code, to the number of exemptions claimed on my employees withholding exemption certificate (Form W-4 or 4684) or such larger or smaller number as is shown and claimed on my current SUB exemption statement. I understand that my credit units or future benefit entitlement will be forfeited if I willfully misrepresent a material fact to obtain benefits under the plan.

RETURN COMPLETED APPLICATION TO: 2062

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12525 S CARONDOLET AVE
CHICAGO, IL 60633

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Applicant's Signature

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Ford Motor Company SUB PLAN
STATEMENT of BENEFITS and DEDUCTIONS

DRAFT NUMBER
03101284

LOCATION/DEPT NO. 2663 1600	SOC. SEC. NUMBER XXX-XX-9373	NAME OUSLEY, MONIQUE C	BENEFIT WEEK ENDING 10/18/2008	DATE PAID 11/21/2008
BENEFITS		DEDUCTIONS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
GROSS BENEFIT	269.33	FEDERAL	1.64	
TOTAL GROSS	269.33	ILLINOIS	5.77	
		DIRECT DEPOSIT	261.92	
		TOTAL DEDUCTIONS	269.33	
		NET BENEFIT	0.00	
FOR DEPOSIT ON 11-24-2008				

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS FOR INFORMATION PURPOSES ONLY. IT IS NOT A CHECK. UNLESS BLUE AND BROWN ARE PRESENT.

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Supplemental Unemployment Benefits
Ford Motor Company UAW Supplemental Unemployment Benefit Plan
UAW SUPPLEMENTAL
UNEMPLOYMENT BENEFIT PLAN

APPROVED BY IND. REL.	LOCATION/DEPT NO. 2663 1600	ID NUM(1) 862870	NAME(2) OUSLEY, MONIQUE C		
App for Sub For Week Ending	3	Number of Exemptions Different Than Claimed on Form W-4 or Form 4884	4	Base Hourly Rate	
Amt. of State Benefit	5	Other Compensation	6	Total	
U.C. Check Number	7	Date of U.C. Check	8	U.C. Week Ending Date or Number	9

I certify that during the week covered by this application I was unemployed because I was laid off and earned no wages or remuneration except as shown. I have not received and am not eligible for a holiday or vacation payment, military pay or disability benefit with respect to such week, except as shown. I am not eligible for, and am not claiming any accident or sickness benefit or a pension or retirement benefit. I did not receive, and am not eligible for any unemployment benefit from another employer. I am able to work and available for work. I have registered for work with the state system employment office if required by the state system. I hereby certify that I am entitled, under the Internal Revenue Code, to the number of exemptions claimed on my employee's withholding exemption certificate (Form W-4 or 4884) or such larger or smaller number as is shown and claimed on my current SUB exemption statement. I understand that my credit units or future benefit entitlement will be forfeited if I willfully misrepresent a material fact to obtain benefits under the plan.

RETURN COMPLETED APPLICATION TO: 2062

CHICAGO HVC
12525 S CARONDOLET AVE
CHICAGO, IL 60633

WRITE ADDRESS CHANGE HERE.

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Applicant's Signature

Cut Along Dotted Line Above

**Ford Motor Company SUB PLAN
STATEMENT of BENEFITS and DEDUCTIONS**

DRAFT NUMBER
03101283

LOCATION/DEPT NO. 2663 1600	SOC. SEC. NUMBER XXX-XX-9373	NAME OUSLEY, MONIQUE C	BENEFIT WEEK ENDING 10/11/2008	DATE PAID 11/21/2008
BENEFITS		DEDUCTIONS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
GROSS BENEFIT	269.33	FEDERAL	1.64	
TOTAL GROSS	269.33	ILLINOIS	5.77	
		DIRECT DEPOSIT	261.92	
		TOTAL DEDUCTIONS	269.33	
		NET BENEFIT	0.00	
FOR DEPOSIT ON 11-24-2008				

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APPROVED BY IND. REL.	LOCATION/DEPT NO 2663 1600	ID NUM(1) 862870	NAME(2) OUSLEY, MONIQUE C
App for Sub For Week Ending	3	Number of Exemptions Different Than Claimed on Form W-4 or Form 4684	4
Amt. of State Benefit	5	Other Compensation	6
U.C. Check Number	7	Date of U.C. Check	8
			9

I certify that during the week covered by this application I was unemployed because I was laid off and earned no wages or remuneration except as shown. I have not received and am not eligible for a holiday or vacation payment, military pay or disability benefit with respect to such week, except as shown. I am not eligible for, and am not claiming any accident or sickness benefit or a pension or retirement benefit. I did not receive, and am not eligible for any unemployment benefit from another employer, I am able to work and available for work. I have registered for work with the state system employment office if required by the state system. I hereby certify that I am entitled, under the Internal Revenue Code, to the number of exemptions claimed on my employee's withholding exemption certificate (Form W-4 or 4684) or such larger or smaller number as is shown and claimed on my current SUB exemption statement, I understand that my credit units or future benefit entitlement will be forfeited if I willfully misrepresent a material fact to obtain benefits under the plan.

I hereby authorize FORD-UAW to draw, as my agent, a draft on the SUB Trust Fund payable to my order in the amount to which I am entitled under the plan

RETURN COMPLETED APPLICATION TO: 2062

CHICAGO HVC
12525 S CARONDOLET AVE
CHICAGO, IL 60633

WRITE ADDRESS CHANGE HERE

Applicant's Signature

Cut Along Dotted Line Above

Ford Motor Company SUB PLAN
STATEMENT of BENEFITS and DEDUCTIONS

DRAFT NUMBER
03143979

LOCATION/DEPT NO 2663 1600	SOC SEC NUMBER XXX-XX-9373	NAME OUSLEY, MONIQUE C	BENEFIT WEEK ENDING 12/27/2008	DATE PAID 01/09/2009
BENEFITS		DEDUCTIONS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
GROSS BENEFIT	267.14	FEDERAL	0.56	
TOTAL GROSS	267.14	ILLINOIS	5.71	
		DIRECT DEPOSIT	260.87	
		TOTAL DEDUCTIONS	267.14	
		NET BENEFIT	0.00	

FOR DEPOSIT ON 01-12-2009

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Application for:

Supplemental Unemployment Benefits
Ford Motor Company UAW Supplemental Unemployment Benefits Plan
UAW SUPPLEMENTAL
UNEMPLOYMENT BENEFIT PLAN

Document

Page 34 of 54

APPROVED BY IND. REL.	LOCATION/DEPT NO. 2663 1600	ID NUM(1) 862870	NAME(2) OUSLEY, MONIQUE C		
App for Sub For Week Ending	3	Number of Exemptions Different Than Claimed on Form W-4 or Form 4684	4	Base Hourly Rate	
Amt. of State Benefit	5	Other Compensation	6	Total	
U.C. Check Number	7	Date of U.C. Check	8	U.C. Week Ending Date or Number	9

I certify that during the week covered by this application I was unemployed because I was laid off and earned no wages or remuneration except as shown. I have not received and am not eligible for a holiday or vacation payment, military pay or disability benefit with respect to such week, except as shown. I am not eligible for, and am not claiming any accident or sickness benefit or a pension or retirement benefit. I did not receive, and am not eligible for any unemployment benefit from another employer. I am able to work and available for work. I have registered for work with the state system employment office if required by the state system. I hereby certify that I am entitled, under the Internal Revenue Code, to the number of exemptions claimed on my employee's withholding exemption certificate (Form W-4 or 4684) or such larger or smaller number as is shown and claimed on my current SUB exemption statement. I understand that my credit units or future benefit entitlement will be forfeited if I willfully misrepresent a material fact to obtain benefits under the plan.

I hereby authorize FORD-UAW to draw, as my agent, a draft on the SUB Trust Fund payable to my order in the amount to which I am entitled under the plan.

RETURN COMPLETED APPLICATION TO:

2062

CHICAGO HVC
12525 S CARONDOLET AVE
CHICAGO, IL 60633

WRITE ADDRESS CHANGE HERE

Applicant's Signature

Cut Along Dotted Line Above

Ford Motor Company SUB PLAN
STATEMENT of BENEFITS and DEDUCTIONS

DRAFT NUMBER
03143978

LOCATION/DEPT NO. 2663 1600	SOC. SEC. NUMBER XXX-XX-9373	NAME OUSLEY, MONIQUE C	BENEFIT WEEK ENDING 12/20/2008	DATE PAID 01/09/2009
BENEFITS		DEDUCTIONS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
GROSS BENEFIT	267.14	FEDERAL	0.56	
TOTAL GROSS	267.14	ILLINOIS	5.71	
		UNION DUES	29.23	
		DIRECT DEPOSIT	231.64	
		TOTAL DEDUCTIONS	267.14	
		NET BENEFIT	0.00	

FOR DEPOSIT ON 01-12-2009

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7977

DIRECT DEPOSIT BENEFIT PAYMENT EXPLANATION

IDENTIFICATION NUMBER.

10129373246

LOCAL OFFICE NUMBER.

12

MONIQUE C. OUSLEY

918 FIELDSDR. DR.

MATTESON, IL 60443

DEPOSIT ID

11584037

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
12/20/2008	511.00									511.00
12/27/2008	511.00									511.00
PAYDATE	WEEKS	Payment Amount Reflects \$ 0.00 Withheld as Tax TOTAL AMT.							\$ 1,022.00	
12/30/2008	2	300836524188 / 11584037								

NOTICE

A total of \$1,022.00 was deposited into your bank account. Please contact your local office if your benefit payment was not correctly deposited. Visit the IDES website at WWW.IDES.STATE.IL.US or contact your local office to change bank accounts or cancel your direct deposit authorization.

IMPORTANT

1. SAVE THIS INFORMATION AND BRING TO YOUR LOCAL OFFICE IF YOU HAVE ANY QUESTIONS ABOUT YOUR BENEFIT AMOUNT.
2. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL, COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
4. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

4368

8489

DIRECT DEPOSIT BENEFIT PAYMENT EXPLANATION

IDENTIFICATION NUMBER.

10129373246

LOCAL OFFICE NUMBER.

12

MONIQUE C. OUSLEY

918 FIELD SIDE DR.

MATTESON, IL 60443

DEPOSIT ID

11263181

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
11/08/2008	511.00									511.00
11/15/2008	511.00									511.00
PAYDATE	WEEKS	Payment Amount Reflects \$				0.00	Withheld as Tax	TOTAL AMT.	\$ 1,022.00	
11/18/2008	2	300832314334 / 11263181								

NOTICE

A total of \$1,022.00 was deposited into your bank account. Please contact your local office if your benefit payment was not correctly deposited. Visit the IDES website at WWW.IDES.STATE.IL.US or contact your local office to change bank accounts or cancel your direct deposit authorization.

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3. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE
4. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

5376

10356

IDENTIFICATION NUMBER.

10129373246

LOCAL OFFICE NUMBER.

12

MONIQUE C. OUSLEY

918 FIELDSTIDE DR.

MATTESON, IL 60443

DEPOSIT ID

11345536

WEEK ENDING DATE	GROSS BENEFIT	DEDUCTIONS							SUPPLEMENT	NET BENEFIT
		INCOME	UNAVAILABLE	RETIREMENT	OTHER	RECOUPMENT	CHILD SUPP.	TOTAL		
11/22/2008	511.00									511.00
11/29/2008	511.00									511.00

NOTICE

A total of \$1,022.00 was deposited into your bank account. Please contact your local office if your benefit payment was not correctly deposited. Visit the IDES website at WWW.IDES.STATE.IL.US or contact your local office to change bank accounts or cancel your direct deposit authorization.

IMPORTANT

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2. IF YOU ARE CERTIFYING FOR BENEFITS BY MAIL, COMPLETE THE ENCLOSED CERTIFICATION FORM AND MAIL IT ON THE DATE INDICATED.
3. IF YOU ARE CERTIFYING FOR BENEFITS BY TELEPHONE CONTINUE TO CALL TELE-SERVE.
4. CONTACT YOUR LOCAL OFFICE IMMEDIATELY IF YOU HAVE A QUESTION ABOUT YOUR CLAIM.

APPROVED BY IND. REL.	LOCATION/DEPT NO.	ID NUM(1)	NAME(2)		
	2663 1600	862870	OUSLEY, MONIQUE C		
App for Sub For Week Ending	3	Number of Exemptions Different Than Claimed on Form W-4 or Form 4584	4	Base Hourly Rate	
Amt. of State Benefit	5	Other Compensation	6	Total	
U.C. Check Number	7	Date of U.C. Check	8	U.C. Week Ending Date or Number	9

I certify that during the week covered by this application I was unemployed because I was laid off and earned no wages or remuneration except as shown. I have not received and am not eligible for a holiday or vacation payment, military pay or disability benefit with respect to such week, except as shown. I am not eligible for, and am not claiming any accident or sickness benefit or a pension or retirement benefit. I did not receive, and am not eligible for any unemployment benefit from another employer. I am able to work and available for work. I have registered for work with the state system employment office if required by the state system. I hereby certify that I am entitled, under the Internal Revenue Code, to the number of exemptions claimed on my employee's withholding exemption certificate (Form W-4 or 4684) or such larger or smaller number as is shown and claimed on my current SUB exemption statement. I understand that my credit units or future benefit entitlement will be forfeited if I willfully misrepresent a material fact to obtain benefits under the plan.

RETURN COMPLETED APPLICATION TO:

2062

CHICAGO HVC
12525 S CARONDOLET AVE
CHICAGO, IL 60633

WRITE ADDRESS CHANGE HERE:

I hereby authorize FORD-UAW to draw, as my agent, a draft on the SUB Trust Fund payable to my order in the amount to which I am entitled under the plan.

Applicant's Signature

Cut Along Dotted Line Above

**Ford Motor Company SUB PLAN
STATEMENT of BENEFITS and DEDUCTIONS**

DRAFT NUMBER
03104853

LOCATION/DEPT NO 2663 1600	SOC. SEC. NUMBER XXX-XX-9373	NAME OUSLEY, MONIQUE C	BENEFIT WEEK ENDING 11/08/2008	DATE PAID 12/01/2008
BENEFITS		DEDUCTIONS		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
GROSS BENEFIT	267.14	FEDERAL	1.43	
TOTAL GROSS	267.14	ILLINOIS	5.71	
		DIRECT DEPOSIT	260.00	
		TOTAL DEDUCTIONS	267.14	
		NET BENEFIT	0.00	
FOR DEPOSIT ON 12-02-2008				

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United States Department of the Treasury
PHILADELPHIA, PA 19255-1498

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MONIQUE DUSLEY
918 FIELD SIDE DR
MATTESON, IL 60443

Tax Period: December, 2007

In this letter, we'll report the status of the request we received.

We've enclosed the transcript or transcripts that you requested on December 20, 2008.

A tax return transcript is generally available for the current processing year and for three prior years. It contains most of the information from your original return, along with information from the forms and schedules you filed with it.

The transcript, however, does not contain changes made to the return, by either you or us, after you filed the return. Such changes could include your filing an amended return, corrections we make to the return because we discovered a math mistake, or a payment credited after you filed the return. The transcript also does not show refunds.

Information for current tax years is available immediately on our computer systems.

Delivery time to you depends on how you submit your request and the delivery method you select to receive the information.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Benjamin

Beth Jones, Director
Electronic Products & Svcs Support

Enclosures:
Return Transcript



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 12-20-2008
Response Date: 12-20-2008

Tracking Number: 100036276814

Tax Return Transcript

SSN Provided: 343-64-9373
Tax Period Ending: Dec. 31, 2007

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 343-64-9373
SPOUSE SSN:

NAME(S) SHOWN ON RETURN: MONIQUE OUSLEY

ADDRESS: 918 FIELDSIDE DR
MATTESON, IL 60443-2916-186

FILING STATUS:

Head of Household

FORM NUMBER:

1040

CYCLE POSTED:

20080708

RECEIVED DATE:

Apr. 15, 2008

REMITTANCE:

0.00

EXEMPTION NUMBER:

2

DEPENDENT 1 NAME CTRL:

THOM

DEPENDENT 1 SSN:

320-96-1944

DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN:

DEPENDENT 4 NAME CTRL:

DEPENDENT 4 SSN:

360-36-1032

PREPARER SSN:

36-3625289

PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC:.....\$ 62,581.00
 TAXABLE INTEREST INCOME: SCH B:.....\$ 10.00
 TAX-EXEMPT INTEREST:.....\$ 0.00
 ORDINARY DIVIDEND INCOME: SCH B:.....\$ 0.00
 QUALIFIED DIVIDENDS:.....\$ 0.00
 REFUNDS OF STATE/LOCAL TAXES:.....\$ 194.00
 ALIMONY RECEIVED:.....\$ 0.00
 BUSINESS INCOME OR LOSS (Schedule C):.....\$ 0.00
 BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:.....\$ 0.00
 CAPITAL GAIN OR LOSS: (Schedule D):.....\$ 0.00
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:.....\$ 0.00
 OTHER GAINS OR LOSSES (Form 4797):.....\$ 0.00
 TOTAL IRA DISTRIBUTIONS:.....\$ 0.00
 TAXABLE IRA DISTRIBUTIONS:.....\$ 0.00
 TOTAL PENSIONS AND ANNUITIES:.....\$ 0.00
 TAXABLE PENSION/ANNUITY AMOUNT:.....\$ 0.00
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):.....\$ 0.00
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:.....\$ 0.00
 RENT/ROYALTY INCOME/LOSS PER COMPUTER:.....\$ 0.00
 ESTATE/TRUST INCOME/LOSS PER COMPUTER:.....\$ 0.00
 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:.....\$ 0.00
 FARM INCOME OR LOSS (Schedule F):.....\$ 0.00
 FARM INCOME OR LOSS (Schedule F) PER COMPUTER:.....\$ 0.00
 UNEMPLOYMENT COMPENSATION:.....\$ 0.00
 TOTAL SOCIAL SECURITY BENEFITS:.....\$ 0.00

Tracking Number: 100036276814

SEC RET SAV CNTRB: F8880 LN6B:	\$ 0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:	\$ 0.00
RESIDENTIAL ENERGY CREDIT:	\$ 0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:	\$ 0.00
CHILD TAX CREDIT:	\$ 1,000.00
CHILD TAX CREDIT PER COMPUTER:	\$ 1,000.00
F8396, F8859 and F8839 Credit:	\$ 0.00
FORM 3800 GENERAL BUSINESS CREDITS:	\$ 0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:	\$ 0.00
FORM 1040C CREDIT:	\$ 0.00
PRIOR YR MIN TAX CREDIT: F8801:	\$ 0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:	\$ 0.00
TENTATIVE EMPOWERMENT ZONE CREDIT: F8844:	\$ 0.00
EMPOWERMENT ZONE CREDIT: F8844:	\$ 0.00
OTHER CREDITS:	\$ 1,600.00
TOTAL CREDITS:	\$ 1,600.00
TOTAL CREDITS PER COMPUTER:	\$ 1,600.00
INCOME TAX AFTER CREDITS PER COMPUTER:	\$ 2,569.00

Other Taxes

SE TAX:	\$ 0.00
SE TAX PER COMPUTER:	\$ 0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS:	\$ 0.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:	\$ 0.00
TAX ON QUALIFIED PLANS F5329 (PR):	\$ 0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:	\$ 0.00
IRAF TAX PER COMPUTER:	\$ 2,569.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:	\$ 2,569.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:	\$ 0.00
ADVANCED EARNED INCOME:	\$ 0.00
UNPAID FICA ON REPORTED TIPS:	\$ 0.00
FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS:	\$ 0.00
RECAPTURE TAX: F8611:	\$ 0.00
HOUSEHOLD EMPLOYMENT TAXES:	\$ 0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:	\$ 0.00
RECAPTURE TAXES:	\$ 2,569.00
TOTAL ASSESSMENT PER COMPUTER:	\$ 2,569.00
TOTAL TAX LIABILITY TP FIGURES:	\$ 2,569.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:	\$ 2,569.00

Payments

FEDERAL INCOME TAX WITHHELD:	\$ 11,648.00
ESTIMATED TAX PAYMENTS:	\$ 0.00
EARNED INCOME CREDIT:	\$ 0.00
EARNED INCOME CREDIT PER COMPUTER:	\$ 0.00
NONTAXABLE COMBAT PAY ELECTION:	\$ 0.00
FORM 8812 NONTAXABLE COMBAT PAY:	\$ 0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:	\$ 0.00
TOT SS/MEDICARE WITHHELD: F8812:	\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT:	\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:	\$ 0.00
FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:	\$ 0.00
AMOUNT PAID WITH FORM 4868:	\$ 0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:	\$ 0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:	\$ 0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:	\$ 0.00
HEALTH COVERAGE TX CR: F8885:	\$ 0.00
FORM 8801 REFUNDABLE CREDIT FOR PRIOR YEAR MIN. TAX:	\$ 11,648.00
TOTAL PAYMENTS:	\$ 11,648.00
TOTAL PAYMENTS PER COMPUTER:	\$ 11,648.00

Refund or Amount Owed

REFUND AMOUNT:	\$ -9,079.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:	\$ 0.00
ESTIMATED TAX PENALTY:	\$ 0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:	\$ 0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:	\$ -9,079.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:	\$ -9,079.00
FORM 8888 TOTAL DEPOSIT PER COMPUTER:	\$ 0.00

NUMBER OF QUALIFYING PERSONS:.....1
 SSNS NOT REQ'D IND:.....0
 CHILD 1 NAME CONTROL:.....THOM
 CHILD 1 SSN:.....320-96-1944
 CHILD 1 QUALIFIED EXPENSE:.....\$ 4,150.00
 CHILD 2 NAME CONTROL:.....
 CHILD 2 SSN:.....
 CHILD 2 QUALIFIED EXPENSE:.....\$ 0.00
 AMOUNT OF QUALIFIED EXPENSES:.....\$ 3,000.00
 EARNED INCOME-PRIMARY:.....\$ 62,581.00
 EARNED INCOME-SECONDARY:.....\$ 62,581.00
 PRIOR YEAR CHILD CARE EXPENSES:.....\$ 0.00
 PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:.....\$ 0.00
 CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:.....\$ 3,000.00

PART III DEPENDENT CARE BENEFITS

DEPENDENT CARE EMPLOYER BENEFITS:.....\$ 0.00
 QUALIFIED EXPENSES EMPLOYER INCURRED:.....\$ 0.00
 DEPENDENT CARE EXCLUDED BENEFITS:.....\$ 0.00
 GROSS CHILD CARE CREDIT PER COMPUTER:.....\$ 600.00
 TOTAL QUALIFYING EXPENSES PER COMPUTER:.....\$ 3,000.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$ 0.00
 TOTAL EDUCATION CREDIT AMOUNT:.....\$ 0.00
 TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$ 0.00

This Product Contains Sensitive Taxpayer Data



002719

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THIRD PARTY DESIGNEE ID NUMBER:.....
 AUTHORIZATION INDICATOR:.....0
 THIRD PARTY DESIGNEE NAME:.....

Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....\$ 0.00
 AGI PERCENTAGE LIMITATION PER COMPUTER:.....\$ 4,708.00
 NET MEDICAL DEDUCTION:.....\$ 0.00
 NET MEDICAL DEDUCTION PER COMPUTER:.....\$ 0.00

TAXES PAID

STATE AND LOCAL INCOME TAXES:.....\$ 1,766.00
 INCOME TAX OR GENERAL SALES TAX:.....Income Taxes
 REAL ESTATE TAXES:.....\$ 5,545.00
 SCH A TAX DEDUCTIONS:.....\$ 7,311.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....\$ 14,089.00
 MORTGAGE INTEREST (INDIVIDUAL):.....\$ 0.00
 DEDUCTIBLE POINTS:.....\$ 0.00
 QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$ 0.00
 DEDUCTIBLE INVESTMENT INTEREST:.....\$ 0.00
 TOTAL INTEREST DEDUCTION:.....\$ 14,089.00
 TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$ 14,089.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$ 2,550.00
 OTHER THAN CASH: Form 8283:.....\$ 500.00
 CARRYOVER FROM PRIOR YEAR:.....\$ 0.00
 SCH A TOTAL CONTRIBUTIONS:.....\$ 3,050.00
 SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$ 3,050.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$ 0.00

JOBS AND MISCELLANEOUS

TOTAL LIMITED MISC EXPENSES:.....\$ 0.00
 NET LIMITED MISC DEDUCTION:.....\$ 0.00
 NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$ 0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$ 0.00
 OTHER MISC DEDUCTIONS:.....\$ 0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$ 24,450.00
 TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$ 24,450.00
 ELECT ITEMIZED DEDUCTION INDICATOR:.....
 SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$ 0.00
 OTHER TAXES AMOUNT:.....\$ 0.00
 UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$ 0.00

Form 2441--Child and Dependent Care Expenses

PROV NAME CNTRL:.....AUNT
 CARE PROV SSN:.....363-64-9991

PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

TAXABLE SOCIAL SECURITY BENEFITS:	\$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$ 0.00
OTHER INCOME:	\$ 0.00
SCHEDULE EIC SE INCOME PER COMPUTER:	\$ 0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$ 0.00
SCH EIC DISQUALIFIED INC COMPUTER:	\$ 0.00
TOTAL INCOME:	\$ 62,785.00
TOTAL INCOME PER COMPUTER:	\$ 62,785.00

Adjustments to Income

EDUCATOR EXPENSES:	\$ 0.00
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$ 0.00
HEALTH SAVINGS ACCT DEDUCTION:	\$ 0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	\$ 0.00
MOVING EXPENSES: F3903:	\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION:	\$ 0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$ 0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$ 0.00
SELF-EMP HEALTH INS DEDUCTION:	\$ 0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$ 0.00
ALIMONY PAID SSN:	\$ 0.00
ALIMONY PAID:	\$ 0.00
IRA DEDUCTION:	\$ 0.00
IRA DEDUCTION PER COMPUTER:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$ 0.00
TUITION AND FEES DEDUCTION:	\$ 0.00
TUITION AND FEES DEDUCTION PER COMPUTER:	\$ 0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$ 0.00
OTHER ADJUSTMENTS:	\$ 0.00
ARCHER MSA DEDUCTION:	\$ 0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$ 0.00
TOTAL ADJUSTMENTS:	\$ 0.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$ 0.00
ADJUSTED GROSS INCOME:	\$ 62,785.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$ 62,785.00

Tax and Credits

65-OR-OVER:	0
BLIND:	0
SPOUSE 65-OR-OVER:	0
SPOUSE BLIND:	0
STANDARD DEDUCTION PER COMPUTER:	\$ 0.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$ 0.00
TAX TABLE INCOME PER COMPUTER:	\$ 38,335.00
EXEMPTION AMOUNT PER COMPUTER:	\$ 6,800.00
TAXABLE INCOME:	\$ 31,535.00
TAXABLE INCOME PER COMPUTER:	\$ 31,535.00
TOTAL POSITIVE INCOME PER COMPUTER:	\$ 62,785.00
TENTATIVE TAX:	\$ 4,169.00
TENTATIVE TAX PER COMPUTER:	\$ 4,169.00
FORM 8814 ADDITIONAL TAX AMOUNT:	\$ 0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:	\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:	\$ 0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:	\$ 0.00
FOREIGN TAX CREDIT:	\$ 0.00
FOREIGN TAX CREDIT PER COMPUTER:	\$ 0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:	\$ 0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:	\$ 0.00
CHILD & DEPENDENT CARE CREDIT:	\$ 600.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:	\$ 600.00
CREDIT FOR ELDERLY AND DISABLED:	\$ 0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	\$ 0.00
EDUCATION CREDIT:	\$ 0.00
EDUCATION CREDIT PER COMPUTER:	\$ 0.00
GROSS EDUCATION CREDIT PER COMPUTER:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT:	\$ 0.00
RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER:	\$ 0.00
PRIM RET SAV CNTRB: F8880 LN6A:	\$ 0.00

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The Treasury-Internal Revenue Service OMB No. 1545-0048		This information is being furnished to the Internal Revenue Service and appropriate State and Local officials	
Employer's Identification Number Name, Address, and Zip Code	38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126	1 Wages, tips, other compensation	62,850.77
Employer's Social Security Number	ARMSTEAD, MONIQUE C 918 PLEASANT DRIVE MATTESON IL 60443	3 Social security wages	62,850.77
Name, Address, and Zip Code	1 2663 1800 3 A H	4 Social security tax withheld	11,647.82
Employer's State or Local I.D. No.	38-0549190	5 Medicare wages & tips	3,896.75
15 Name of state or locality	ILLINOIS	6 Medicare tax withheld	911.34
20 Line of state or locality		10 Dependent care benefits	0.00
		11 Nonqualified plans	0.00
		12c Group Term Life Insurance	17.71
		13 Statutory retirement plan	X
		17 State or local income tax withheld	1,765.50
		18 State or local income tax withheld	0.00
		14 Other	712.00

Form W-2 Wage and Tax Statement 2007

Copy C For employee's records

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Ousley, Monique C

Case No. _____

Chapter 7

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: **January 5, 2009**

I(We) **Monique C Ousley** and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Case No. _____

Ousley, Monique C

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **676.00**

Prior to the filing of this statement I have received \$ **676.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

Litigation / Adversary Proceedings
\$400.00 for Motions to Redeem
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 27, 2009

Date

/s/ Troy L Gleason

Troy L Gleason 6276510
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524
troy@chicagobk.com

Certificate Number: 00437-ILN-CC-005683094

CERTIFICATE OF COUNSELING

I CERTIFY that on December 18, 2008, at 1:02 o'clock PM MST,

Monique Ousley received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: December 18, 2008

By /s/Shelly Kopplin

Name Shelly Kopplin

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Ousley, Monique C

Case No. _____

Chapter 7

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: January 5, 2009

I (We) Monique C Ousley and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

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C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)